

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007021

FILED
Feb 20, 2007
Secretary of State

Entity Name: WESTPORT BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4213 COUNTRY RD 218
STE 1
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 949
MIDDLEBURG, FL 32050 US

New Mailing Address:

FEI Number: 59-3681922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELCOMYN, VINA
4759 LEOPARD CIRCLE
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FARMER, STEVEN
Address: 7958 WESTPORT BAY COURT
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD () Delete
Name: DUPONT, MAURICE R
Address: 7921 WESTPORT BAY DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32244

Title: STD () Delete
Name: CANADY, RONALD B
Address: 7961 WESTPORT BAR DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOAR, VICTORE
Address: 7957 COLLINS BAY CT.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change () Addition
Name: DUPONT, MAURICE R
Address: 7921 WESTPORT BAY DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32244

Title: STD (X) Change () Addition
Name: MANSEN, JONATHAN
Address: 7940 COLLINS BAY CT
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORE LOAR

PD

02/20/2007

Electronic Signature of Signing Officer or Director

Date